



DEMOLITION LICENSE APPLICATION

BUREAU OF AIR QUALITY • ASBESTOS SECTION • 2600 BULL STREET • COLUMBIA • SC • 29201

TYPE OF OPERATION: ☐ Total Demolition ☐ Partial Demolition ☐ Ordered Demolition

FOR OFFICE USE

Postmark/Received:

Original/Revised/Cancellation (circle one)

Project License I.D. (For Revisions/Cancellations):

I. FACILITY OWNER:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT PERSON:

PHONE:

II. IS ASBESTOS PRESENT IN THE FACILITY?: YES NO (choose one)

III. DEMOLITION CONTRACTOR:

FEDERAL ID NO.:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT PERSON:

PHONE:

REMOVAL CONTRACTOR (If applicable):

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT PERSON:

PHONE:

IV. FACILITY NAME:

STREET ADDRESS:

CITY:

STATE:

COUNTY:

SITE (ROOM, FLOOR, WING, UNIT, MACHINE, ETC.):

BUILDING SIZE:

NO. OF FLOORS:

AGE IN YEARS:

PRESENT USE:

PRIOR USE:

FUTURE USE:

V. PROCEDURES, INCLUDING ANALYTICAL METHOD IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

FACILITY OR FACILITY COMPONENT SURVEYED BY (INSPECTOR NAME):

COMPANY:

PHONE:

DHEC LICENSE NUMBER:

EXPIRATION DATE:

VI. NON-FRIABLE CATEGORY I AND CATEGORY II ASBESTOS-CONTAINING MATERIALS **REMAINING IN PLACE DURING DEMOLITION** (IF APPLICABLE):

TYPE (FLOORING, ROOFING)

AMOUNT (SQUARE FEET)

VII. SCHEDULED DATES OF DEMOLITION (YOU MUST SPECIFY DATES - Please use **MM/DD/YYYY** format):

START DATE: _____ COMPLETION DATE: _____

WORK DAYS: _____ WORK HOURS: _____

- APPLICATIONS MUST BE MAILED ALONG WITH A \$50.00 FEE (PAYABLE TO SCDHEC) AT LEAST 10 WORKING DAYS PRIOR TO THE SCHEDULED START DATE. FAXES WILL NOT BE ACCEPTED.
- A COPY OF AN ASBESTOS SURVEY REPORT (NO OLDER THAN 3 YEARS) MUST ACCOMPANY THE APPLICATION.

VIII. DESCRIPTION OF PLANNED DEMOLITION METHOD(S) TO BE USED:					
BULLDOZER	LOADER	WRECKING BALL	MANUAL	BURNING	IMPLOSION/EXPLOSION
IF OTHER PLEASE DESCRIBE:					
IX. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION SITE:					
X. WASTE TRANSPORTER #1: MAILING ADDRESS: CITY: _____ STATE: _____ ZIP: _____ CONTACT PERSON: _____ PHONE: _____					
WASTE TRANSPORTER #2: MAILING ADDRESS: CITY: _____ STATE: _____ ZIP: _____ CONTACT PERSON: _____ PHONE: _____					
XI. WASTE DISPOSAL SITE: MAILING ADDRESS: CITY: _____ STATE: _____ ZIP: _____ CONTACT PERSON: _____ PHONE: _____					
XII. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: (PLEASE ATTACH A COPY OF THE ORDER) NAME: _____ TITLE: _____ AUTHORITY: _____ DATE OF ORDER (MM/DD/YYYY): _____ DATE ORDERED TO BEGIN (MM/DD/YYYY): _____					
XIII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:					
XIV. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION INVOLVING RACM AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 20px;"> (SIGNATURE OF OWNER/OPERATOR) / (DATE - MM/DD/YYYY) </div>					
XV. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 20px;"> (SIGNATURE OF OWNER/OPERATOR) / (DATE - MM/DD/YYYY) </div>					
<ul style="list-style-type: none"> ● APPLICATIONS MUST BE MAILED ALONG WITH A \$50.00 FEE PAYABLE TO SCDHEC AT LEAST 10 WORKING DAYS PRIOR TO THE SCHEDULED START DATE. FAXES WILL NOT BE ACCEPTED. ● A COPY OF AN ASBESTOS SURVEY REPORT (NO OLDER THAN 3 YEARS) MUST ACCOMPANY THE APPLICATION. 					